

## Schedule 1

### Application for Membership Form



Family Violence Legal Service  
Aboriginal Corporation (SA)

## APPLICATION FOR MEMBERSHIP OF FVLSAC

*Please note the Application Form must be completed and signed by the Applicant and returned to Family Violence Legal Service Aboriginal Corporation (SA), 26 Jervois Street, Port Augusta, SA 5700*

Name of individual or Organisation: \_\_\_\_\_

If an Organisation, name of delegate: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### DECLARATION

I declare that I am eligible for membership and that:

- I am 18 years of age or over, and
- I am an Aboriginal &/or Torres Strait Islander person, and
- I am a resident of South Australia within the geographical areas of operation of FVLSAC.
- I have read and do support the objectives of Family Violence Legal Service Aboriginal Corporation as contained in the FVLSAC Rule Book, and
- I agree to abide by the Rule Book of FVLSAC

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only:

Date received: _____
Membership confirmed by the Board on: _____
Membership denied due to: _____
Signature of Chairperson/Board Member: _____
Entered on Register of Members on: _____
Letter confirming of membership sent on: _____